

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079438

Entity Name: 2 BARONS, LLC

FILED  
Aug 29, 2008  
Secretary of State

**Current Principal Place of Business:**

90 POWDER MILL ROAD  
MORRIS PLAINS, NJ 07950 US

**New Principal Place of Business:**

**Current Mailing Address:**

90 POWDER MILL ROAD  
MORRIS PLAINS, NJ 07950 US

**New Mailing Address:**

FEI Number: 20-3331725      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROBERTO, ALBERT E JR  
4419 RIVER CLOSE BLVD  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KRETZ, DONALD R  
Address: 90 POWDER MILL RD  
City-St-Zip: MORRIS PLAINS, NJ 07950

Title: MGRM ( ) Delete  
Name: O'BRIEN, JAMES M  
Address: 320 EAST 46TH ST # 23D  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONALD R. KRETZ

MGRM

08/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date